

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No.: I.D.PR.009
Subject: Incident Reporting
Section: Quality Enhancement

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Approved: /s/Peter H. O'Meara/KdP

A. Purpose

The Department of Developmental Services (DDS) has established a system of reporting and monitoring critical and non-critical incidents that occur with individuals served by the department in order to manage and reduce overall risk. This procedure delineates a standardized process for reporting, documentation and follow-up of the following types of incidents involving individuals served by the department:

1. Injury
2. Restraint
3. Unusual Incidents
4. Medication errors

B. Applicability

This procedure shall apply to all individuals served by facilities and programs operated, funded and/or licensed by the Department of Developmental Services including respite and recreation programs. This also includes Intermediate Care Facilities for Mental Retardation (ICF-MR).

It does not apply to individuals who live in long-term-care facilities or programs operated, funded or licensed by other state agencies except at times when individuals are participating in a DDS funded or operated program as defined above. This procedure does not apply when services are delivered and/or originate in the individual's own or family home (i.e., Individualized Home Supports, Personal Support, Adult Companion). These individuals are covered under Procedure No: I.D.PR.009a Incident Reporting for Individuals Who Live in Own/Family Home & Receive DDS Funded Services.

This procedure shall be implemented by staff of all DDS operated, funded, and/or licensed facilities and programs.

C. Definitions

Critical Incident: An incident as defined below which is considered critical in that it requires immediate reporting to the DDS Regional Director, Assistant Regional Director (public or private as appropriate) or designee.

1. Deaths (Document a death that resulted from an injury using *DDS form 255*, and also report the death following DDS procedure I.D.PR.001, Mortality Reporting, Reporting Deaths of Individuals)
2. Severe injury

3. Vehicle accident involving moderate or severe injury
4. Missing person
5. Fire caused by the individual that required emergency response and/or involved a severe injury (Fires caused by staff, others, or cause unknown would be reported but not using the 255 process)
6. Police arrest
7. Victim of Aggravated Assault or Forcible Rape

e-CAMRIS (Connecticut Automated Mental Retardation Information System): The DDS automated internal data system containing information regarding individuals who are clients of the DDS.

ICF/MR (Intermediate Care Facility / Mentally Retarded): is a facility certified by DPH to provide active treatment services to individuals in residence.

Immediate: For this procedure, immediate means prior to the end of a person's scheduled shift.

Incident Report (IR):

1. *DDS Incident Report, Form 255*: DDS approved form for reporting and documenting injuries, unusual incidents and use of restraint.
2. *DDS Incident Report, Form 255m*: DDS approved form for reporting and documenting medication errors.

Individual: For this procedure, individual means a person served by programs operated, funded and/or licensed by the Department of Developmental Services including respite and recreation programs. (See *Applicability* section above)

Injury: Physical trauma sustained by an individual served by DDS. Injuries may be either observed or discovered.

NOTE: An accident in which the individual has no apparent injury shall not be reported or documented as an injury but may be reported as an unusual incident as *Accident, no apparent injury* if it meets the definition for *unusual incident* listed below. When at all possible, do not complete the incident report until a diagnosis is made to ensure accurate documentation of severity level.

1. Minor: An injury in which no treatment or minimal (first aid) treatment is required: Only the following Minor Injuries will be reported to DDS on the DDS 255:

- a. Bruises – All Minor Injuries whose *Injury Type* is Bruise
- b. Falls – All Minor Injuries whose *Injury Cause* is Fall
- c. Choking – Are Minor Injuries whose *Injury Type* is:

- i. Airway Obstructed or
 - ii. Choking,
- and Minor Injuries whose *Injury Cause* is:
- i. Ingestion of Foreign Material
 - ii. Eating Behavior
 - iii. Food Consistency

NOTE: If a minor injury does not fall into the above categories it is not reportable to DDS (See Sec. D-4 for other documentation requirements for injuries)

- 2. Moderate: An injury in which more than first aid such as an assessment and/or treatment by an RN or MD is required. This includes a broken finger or toe.
- 3. Severe: An injury that requires hospital emergency department level of treatment or hospital admission. This includes all fractures except fingers or toes, in addition to other severe injuries such as severe lacerations, head injury, internal trauma or injuries, etc.

NOTE: A severe injury should not be reported until diagnosis is made to ensure that the injury meets that level of severity. For example, a trip to the hospital emergency department for a suspected fracture would not be reported as a severe injury if the injury were in fact a sprain and not a fracture.

Death: Death that was direct result of an injury (e.g., fall, car accident). *Death Report Form* shall also be completed and DDS Procedure No. I.D.PR.001 Mortality Reporting: Reporting Deaths shall be followed. If abuse or neglect is suspected in contributing to the death of an individual for whom DDS had direct or oversight responsibility for medical care, DDS Procedure No I.P. 001 Abuse and Neglect/Allegations: Reporting and Intake Processes shall be followed.

Medical Restraint: Medical restraint is not reported or tracked using the Incident Reporting (IR) system and is defined as follows:

- 1. Type A: Physical, mechanical, or chemical restraint that is used to safely administer medical or dental services (e.g., physically holding an individual's arm to draw blood, suture, etc; use of a papoose board to apply sutures, casts, etc., chemical pre-sedation prior to a dental or physician appointment)
- 2. Type B: Physical, mechanical, or chemical restraint that is used to prevent an otherwise acceptable behavior during the healing process (e.g., use of a chair with tray to prevent an individual from walking while a sprained or broken ankle heals)

Missing Person: An individual whose whereabouts is unknown and whose supervision needs or a pattern of behavior is cause for concern for reasons of safety and well being (i.e., absent without leave, AWOL, beyond a time normally expected for that individual as defined by the

individual's interdisciplinary team and/or agency policy) **and the individual's absence has been reported to the police as a missing person.**

Missing Person Report: a DDS form that documents that an individual is missing and unable to be located. (See Attachment F & G, *Missing Person form*)

Non-Critical Incident: All injuries, restraints and unusual incidents not defined as a *Critical Incident* above.

Restraint: Use of a physical hold, mechanical device or behavior modifying medication (i.e. chemical restraint) to prevent an individual from engaging in behaviors that place him/herself or others at risk of injury.

Unusual Incident: A behavior or a situation specifically listed as an *unusual incident type* (See Attachment A: *Incident Report Form 255*, section 2b) that

1. Is dangerous or life threatening
2. Is illegal
3. Involves police or fire setting (by the individual)
4. Requires assessment in a hospital emergency room/department
5. Is a significant (extreme or worrisome) behavior not already covered by the individual's behavior program or guideline OR
6. Involves other incidents not otherwise reported such as accidents without injuries, unplanned emergency room or hospital admissions, and other similar type of incidents.

NOTE: A behavior(s) that is normally recorded and tracked by an approved behavior programs shall not be reported as an *Unusual Incident* unless it meets the criteria of *dangerous* or *life threatening* for the individual or others.

D. Implementation

1. Critical Incidents

a. Reporting, Notification and Documentation During Normal Business Hours:

- i. The responsible program staff shall immediately report a critical incident to the individual's family and/or guardian, and appropriate DDS Staff.
- ii. Staff shall fax a completed *DDS Incident Report Form* to the DDS Regional Director's office (See Attachments A -E: *DDS 255* and *255m* for instructions for completing these forms).
- iii. If the critical incident involves a missing person, staff shall also complete the Missing Person Report and fax immediately to the DDS Regional Director or designee, the DDS Director, Division of Quality

Management, and to the Commissioner. (See Attachments F and G for form and directions for initial completion and follow-up requirements.)

- iv. The DDS Regional Director or designee shall immediately report all critical incidents to the Director, Division of Investigations or designee.
 - v. Day programs serving individuals who reside in ICF/MR facilities shall also immediately report all injuries of unknown origin (and all allegations of abuse and/or neglect) to the individual's residential provider via telephone and shall forward a copy of the completed *DDS Incident Report Form* the next working day.
 - vi. If abuse or neglect is alleged, the reporter shall follow the process defined in the Abuse/Neglect policy and procedure, I.F.PO.001 and, I.F.PR.001
 - vii. The Regional Director or designee shall inform the Commissioner or designee and Deputy Commissioner as appropriate, and shall ensure that all appropriate staff are informed (e.g., case manager, appropriate regional and central office staff).
 - viii. The responsible program staff shall insert the original *DDS form 255, 255m and/or Missing Person form* into the individual's chart and forward copies to the appropriate DDS region in the usual process within five (5) business days, according to form distribution instructions (See Attachments A - E).
 - ix. The individual's case manager shall insert a copy of *DDS 255, or 255m and/or Missing Person form* into the individual's master file.
- b. **Reporting, Notification and Documentation After Normal Business Hours:**
- i. The responsible program staff shall immediately report a critical incident to the individual's family and/or guardian. All types of critical incidents except severe injuries will also be immediately reported to the appropriate DDS regional on-call manager. Severe injuries will be reported to the region during the next normal business hour unless the injury is associated with death, a vehicle accident, missing person, fire, or police arrest or victim of aggravated assault or rape.
 - ii. The DDS on-call manager shall immediately notify the DDS central office on-call manager in the case of unexpected deaths, police arrests, missing persons, or other incidents likely to result in inquiries from the media.

- iii. The central office on-call manager shall notify the Commissioner or designee as appropriate.
- iv. The responsible program staff shall complete the *DDS 255 or 255m and Missing Person form*(see Attachment A-G for instructions on form completion), fax a copy to the Regional Director or designee's office the next working day, insert the original in the individual's chart, and send copies to the DDS region within five (5) working days.
- v. Designated regional staff shall assure that a copy of a *DDS 255* involving a critical incident is sent to the central office Division of Investigations immediately upon receipt of the form.
- vi. The individual's case manager shall insert a copy of *DDS form 255 or 255m and Missing Person* into the individual's master file.

c. Follow-up

- i. The person's planning and support team (team) shall document follow-up action(s) on the *DDS Incident Follow-up* form (See Attachment L) for each critical incident and send copies of the form to the DDS Assistant Regional Director (public or private as appropriate) upon completion.
- ii. The DDS Assistant Regional Director (public or private as appropriate) shall assure that follow-up activities are completed and documented for each critical incident including:
 - (a) Family/guardian notification
 - (b) Supervisor review and corrective actions
 - (c) Referral as applicable (e.g., regional Program Review Committee, physician, nurse, abuse/neglect investigation)
 - (d) Follow-up actions
 - (e) Resolution
- iii. The Assistant Regional Director (public or private as appropriate) shall track follow-up actions to assure completion and shall provide a report to the Regional Director or designee.
- iv. The individual's team shall take appropriate actions for the specific incident and shall track and analyze data for trends, and shall take or recommend subsequent actions.

2. Non-Critical Incidents

- a. Reporting, Notification and Documentation **During Normal Business Hours:**

- i. The responsible program staff shall complete *DDS Incident Report form 255 or 255m* within seven (7) hours (or within the same shift) of the incident being observed or discovered and shall notify the individual's family and/or guardian as appropriate. (See Attachments A-L for forms, instructions and Attachment M for guidelines for reporting to families/guardians).
 - ii. The responsible program staff shall insert the original *DDS form 255 or 255m* into the individual's file and forward copies to the appropriate DDS region within five (5) working days of the incident date (date incident observed or discovered). The only exceptions to these reporting time frames are the following incidents involving restraint:
 - (a) Restraints that are subject to *multiple restraint* reporting shall be reported on a monthly basis (See Attachment H for approved list). These restraint incidents must be submitted to the DDS data entry designee within the first five (5) days of the month subsequent to that in which the restraint use occurred.
 - (b) Restraints that can be reported using a *restraint log* (See Attachment H for approved list) shall be reported on a weekly basis. These restraint incidents must be submitted to the DDS data entry designee within the first five (5) days of the week subsequent to that in which the restraint use occurred. Logs shall be attached to the *DDS Form 255* and submitted with the form.
 - iii. Parties other than those listed on *DDS Incident Report Forms 255 and 255m* may also be notified of the incident or included in the copy distribution process at the discretion of the agency or DDS region (e.g., *Form 255* to DDS resource managers and behavior specialists; *Form 255m* to DDS case manager, DDS resource managers, DDS PRC liaison). A copy shall also be forwarded to the individual's day or residential program.
 - iv. In addition to the reporting requirements detailed above, day programs serving individuals who reside in ICF/MR facilities shall also immediately report all injuries or unusual incidents to the individual's residential facility via telephone. Day Programs will forward a copy of the *DDS Incident Report Form 255* the next business day for all but minor injuries in the non-reportable category.
- b. Reporting, Notification and Documentation **After Normal Business Hours:**

- i. Non-Critical Incidents do not require immediate reporting via the on-call systems.
- ii. Day programs serving individuals who reside in ICF/MR facilities shall immediately report all injuries or unusual incidents to the individual's residential facility via telephone. Day Programs will forward a copy of the *DDS Incident Report Form 255* the next business day for all but minor injuries in the non-reportable category.

c. Follow-up

- i. The individual's planning and support team (team) shall monitor the individual's non-critical incidents.
- ii. The individual's team shall take appropriate actions for the specific incident, shall track and analyze data for trends, and shall take or recommend subsequent actions.
- iii. The individual's case manager shall document reviews of incident report data every six months.
- iv. The supervising RN shall document quarterly reviews of incident report medication errors.

3. e-CAMRIS Data Entry and Tracking for Critical and Non-Critical Incidents

a. Each DDS Region and Southbury Training School (STS) shall:

- i. Identify staff responsible for entering data into e-CAMRIS
- ii. Ensure that *DDS Incident Report Forms 255 and 255m* are date stamped upon arrival in the DDS region or STS data-entry office
- iii. Ensure data entry within 5 business days of receipt by the DDS regional office or STS data-entry office
- iv. Ensure distribution to the individual's case manager for inclusion in the individual's master file
- v. Ensure distribution to regional resource manager as appropriate

b. Designated regional staff shall:

- i. Return incomplete or inaccurate forms to the reporting agency, program or facility for completion who shall:
 - (a) Complete the form or make corrections as appropriate

- (b) Ensure that a completed/corrected form is placed in individual's file
 - (c) Return the completed/corrected form to the appropriate DDS region for data entry
 - ii. Upon receipt of corrected/completed forms (*DDS 255/255m*), follow steps detailed in Sections 3(a)(ii – v) above.
 - iii. Track quality issues for agencies and/or programs such as timeliness of reporting, form completeness, and other quality benchmarks as determined by department
 - iv. Include information (Section 3 (b)(iii)) as part of regional annual and semi-annual performance review meetings for private agencies and self audits for public programs
4. Documentation of injuries at program sites
- a. Communication Log / form
 - i. Documentation of all injuries, including minor injuries that are not reportable should be continued by the provider at the program site to provide communication among direct care support and health care staff.

NOTE: DDS and private ICF/- MR staff should document the not reportable incidents on *DDS Form 255* minor injuries using Attachment N, or use another form that meets DPH's expectations. These reports should not be sent to DDS for data entry.

 - ii. Direct care support staff and team members should review these forms/logs on all individuals including the documentation of all injuries.
 - iii. Any nurse or other health care professional monitoring the program site should be made aware of all injuries regardless of severity.
 - b. For moderate and severe injuries the nurse and/or health care staff must be notified as this represents a change in the individual's condition.

NOTE: All ICF/MR requirements regarding documentation and investigation of incidents need to be met by both day and residential programs serving individuals in ICF/MR.

E. References

Connecticut General Statutes (CGS):

Sections 20-14h, 20-14i and 20-14j, “Administration of Medications by Trained Persons”
Sections 46a-11a, et seq., “Protection and Advocacy for Persons with Disabilities”
Section 17a-238, “Rights of DDS Clients”
Section 17a-227 “Licensing and Regulation of Residential Facilities for Mentally Retarded and Autistic Persons”

Regulations of Connecticut State Agencies:

Sections 17a-238-7 to 17a-238-13, inclusive “DMR Approval Procedures for use of Aversives for Persons Placed or Treated under the Supervision of the Department of Mental Retardation”
Sections 17a-227-1 to Section 17a-227-30, inclusive “Licensure of Community Living Arrangements and Community Training Homes”
Sections 17a-210-1 to 17a-210-10, inclusive “Administration of Medications in Day and Residential Programs and Facilities”
Sections 17a-218-8 to 17a-218-17, inclusive “Respite Programs”

DDS Policies

I.F.PO.001 Abuse and Neglect
I.D.PO.001 Mortality Reporting & Review
I.E.PO.004 Program Review Committee

DDS Procedures and Directives

I.E.PR.002 Behavior Support Plans
I.E.PR.003 Behavior Modifying Medications
I.E.PR.004 Program Review Committee
I.F.PR.001 Abuse and Neglect/Allegations: Reporting and Intake Processes
I.F.PR.002 Abuse and Neglect/Notifications: Allegations and Completed Investigations to Appropriate Parties
I.F.PR.004 Abuse and Neglect/Investigations: Recommendations and Prevention Activities
I.D.PR.009a. Incident Reporting for Individuals who live in Own/Family Home & Receive DDS Funded Services
I.E.DIR.001 Prohibited Use of Prone Restraints

F. Attachments

Attachment A: DDS Form 255

Attachment B: DDS Incident Reporting: Injuries; Unusual Incidents; Restraints; Form 255 Guidelines

Attachment C: DDS Incident Report (Form 255) Definitions

Attachment D: DDS Form 255m

Attachment E: DDS Incident Reporting – Medication Errors (Form 255m) Instructions and Definitions

Attachment F: DDS Missing Person Report Form

Attachment G: DDS Missing Person Form Instructions

Attachment H: DDS: How to Report PRC Approved Restraint

Attachment I: Department Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures

Attachment J: Restraint Type Conversion from e-CAMRIS Codes

Attachment K: Department Approved Restraint Apparati

Attachment L: DDS Incident Report Follow-up Form

Attachment M: Guidelines for Reporting Incidents to Families or Legal Guardians

Attachment N: Minor Injury Log / Communication Log